VOL. 32 • NO. 4

APRIL 1946

BULLETIN

OF THE NATIONAL TUBERCULOSIS ASSOCIATION

BALANCED PROGRAM AIDS COMPLETE TB CONTROL

ACROSS THE

EDITOR'S DESK

A Tribute

Dr. William Charles White's chairmanship of the Medical Research Committee of the National Association marks an epoch in the scientific study of tuberculosis.

When the committee was first formed 25 years ago the question arose as to whether the Association should install a research laboratory of its own or avail itself of facilities already in existence. Dr. White advocated the latter choice and his wise counsel prevailed.

His plan was first, to decide on a worthy research problem; second, to search out the man whose special talents best fitted him for the task; third, to arrange a subsidy providing him with resources in personnel and equipment; fourth, through meetings and conference to correlate the various special studies as they progressed.

In the organization and growth of this scheme Dr. White exhibited genius of a high order. His vision in conceiving such a plan and carrying it to fruition is a contribution which will stand as a permanent memorial of his service to research and to the National Association. — *Kendall Emerson, M.D., Managing Director, NTA.*

Century of Health

By DR. FLORENCE R. SABIN*

"I believe that when the history of this century is written it is going to be called the 'Century of Health,' not meaning that we have accomplished it but that we turned our minds toward health.

"Perhaps the greatest tragedy is . . . that never before in all the world's history has there been such concentrated use of injury to health as a weapon — but this will not alter the fact that this is the century of health. This is the century when we have first really faced the idea of conquering disease.

"In this concept, I think that this (National Tuberculosis) Association occupies a crucial position. . . . I remember so well the discussions which led to the formation of this Association. They centered around the question, 'Is it possible that the public would be interested in the problem of disease?' There were long and earnest discussions as to whether they dared face the public with the real facts of tuberculosis. There followed the tuberculosis exhibit, and that magnificent week of demonstrations when the public showed that day after day and night after night they would go and study a disease. After that this organization was born. Thus you were the pioneers who first showed that you cannot have health unless you educate the public. It is a first principle in public health work.

"Moreover, your great regional meetings, as they were conducted before the war, were like a university — carrying the newer knowledge of tuberculosis to the medical profession, giving them advanced training in their specialty, and

• • • *Turn to page 63*

* Excerpts from Dr. Sabin's response when she received the Trudeau Medal in 1945. The presentation was made by Dr. William Charles White.

BULLETIN

OF THE

NATIONAL TUBERCULOSIS ASSOCIATION

Published monthly at 1790 Broadway, New York 19, N. Y., by the National Tuberculosis Association for those interested in public health and the administrative aspects of tuberculosis, and made possible through the annual sale of Christmas Seals.

The editors welcome articles for possible publication. If an article deals with a subject on which there may be differences of opinion, THE BULLETIN will be glad to consider presentation of varying opinions in the same or subsequent issues.

ELLEN LOVELL, *Editor*
ELIZABETH HODGSON, *Associate Editor*

Entered as second-class matter, January 16, 1939, at the Post Office at New York, N. Y., under the Act of August 24, 1912.

Preliminary Program

Joint Annual Meetings

National Tuberculosis Association . . 42nd Annual Meeting

American Trudeau Society . . 41st Annual Meeting

National Conference of Tuberculosis Secretaries . . . 24th Annual Meeting

Buffalo, N. Y., Hotel Statler—June 10-13, 1946

MONDAY, JUNE 10

9:30 A.M.

Registration

National Tuberculosis Association—Committee on Qualifications
Committee on Archives

National Conference of Tuberculosis Secretaries—Meetings of Advisory Committees
Personnel Practices Committee

American Trudeau Society—Council Meeting

2:00 P.M.

National Tuberculosis Association—Joint Committee on Seal Sale Percentages
Advisory Committee on Motion Pictures

National Conference of Tuberculosis Secretaries—Executive Committee

American Trudeau Society—Council Meeting

3:00 P.M.

Conference on Heart Disease Programs by Tuberculosis Associations—Program to be announced

TUESDAY, JUNE 11

9:30 A.M.

American Trudeau Society

EZRA BRIDGE, M.D., Rochester, N. Y., Chairman
Business meeting, including reports of the following:
- Report of the President
- Report of the Secretary-Treasurer
- Committee Reports:
  - Clinic Procedure
  - Coexistent Syphillis and Tuberculosis
  - Cooperation with the American Board of Internal Medicine
  - Evaluation of Laboratory Procedures
  - Medical Advisory Committee on Health Education
  - Medical Information
  - Medical Program
  - Membership
  - Pan-American Relations
  - Policy
  - Postgraduate Medical Education
  - Rehabilitation
  - Revision of Diagnostic Standards
  - Sanatorium Planning and Construction
  - Therapy
  - Tuberculosis among Hospital Personnel
  - Tuberculosis in Industry
  - Tuberculosis in Mental Hospitals
  - Undergraduate Medical Education
  - X-Ray Apparatus and Technique
  - Nominations
- Election of Officers and Council Members

National Conference of Tuberculosis Secretaries—Annual Business Session

EDWARD K. FUNKHOUSER, Washington, D.C., Chairman
- Report of Secretary
- Report of Treasurer
- Reports of Advisory Committees:
  - Administrative Practice
  - Health Education
  - Public Relations
  - Rehabilitation
  - Seal Sale
- Reports of Special Committees:
  - Bulletin Committee
  - Joint Committee on Programs of Tuberculosis Associations
  - Joint Committee on Seal Sale Percentages
  - Committee on Motion Pictures
  - Personnel Practices Committee
  - Purposes and Objectives of the Conference
  - Constitutional Amendment
  - Nominations and Election

2:00 P.M.

Medical Section

Chairman to be announced

Advances in Roentgenologic Equipment—RUSSELL H. MORGAN, M.D., Tuberculosis Control Division, U.S. Public Health Service, Washington, D.C.

Treatment of Pleural Effusion by Frequent Aspiration—KIRBY S. HOWLETT, M.D., Laurel Heights Sanatorium, Shelton, Conn.

Factors Affecting the Growth of the Tubercle Bacillus—BERNARD D. DAVIS, S.A. Surgeon, U.S. Public Health Service, Washington, D.C., and RENE J. DUBOS, M.D., Rockefeller Institute, New York, N. Y.

Trends in Thoracic Surgery in the Treatment of Tuberculosis

Review of Recent Trends—Summary of Meeting, American Association for Thoracic Surgery—RICHARD H. MEADE, JR., M.D., Chicago, Ill.

Experience in Thoracic Surgery in War Time—WILLIAM M. TUTTLE, M.D., Detroit, Mich.

The Treatment of Pulmonary Tuberculosis by Resection—RICHARD H. OVERHOLT, M.D., N. J. WILSON, M.D., J. T. SZYPULSKI, M.D., Boston, Mass.

Lobectomy and Pneumonectomy for Pulmonary Tuberculosis—RICHARD H. SWEET, M.D., Boston, Mass.

Discusser: HERBERT C. MAIER, M.D., New York, N. Y.

Public Health Section

ROBERT W. OSBORN, New York, N.Y., Chairman

What's New and News—Headline Interest in Bridging the Gap of Two Years Between Annual Meetings of the National Tuberculosis Association

In the Seal Sale—GLENN V. ARMSTRONG, Executive Sec-

retary, Los Angeles County (Calif.) Tuberculosis and Health Association

In Tuberculosis Statistics—MARY DEMPSEY, Statistician, NTA

In Local Organization—PANSY NICHOLS, Executive Secretary, Texas Tuberculosis Association

In Personnel—GEORGE J. NELBACH, Executive Secretary, Committee on Tuberculosis and Public Health, State Charities Aid Association, New York

In Health Education—

(a) *Adult*—H. F. KILANDER, Ph.D., Health Education Service, NTA

(b) *School*—VIVIAN V. DRENCKHAHN, Health Education Service, NTA

In Group Chest X-raying—WILLIAM A. DOPPLER, Ph.D., Director, Industrial Relations Service, NTA

In Public Health Nursing—MARGARET S. TAYLOR, R.N., Public Health Nursing Consultant, Tuberculosis Control Division, U. S. Public Health Service, Washington, D. C.

In Rehabilitation—HOLLAND HUDSON, Director, Rehabilitation Service, NTA.

In Social Developments in Behalf of Tuberculosis Patients—BAILEY B. BURRITT, Vice-President, New York (N. Y.) Tuberculosis and Health Association

In Scientific Developments—H. CORWIN HINSHAW, M.D., Mayo Foundation, Rochester, Minn.

4:30 P.M.

National Tuberculosis Association—Board of Directors Meeting

8:00 P.M.

National Tuberculosis Association—General Meeting

Report of the Committees on Nominations
Award of the Trudeau Medal
Address of the President
Report of the Executive Office

WEDNESDAY, JUNE 12

9:30 A.M.

Medical Section

Chairman to be announced

Evaluation of Cardiovascular Abnormalities Noted in Roentgenographic Surveys—HOWARD WEST, M.D., Los Angeles, Calif., and WILLIAM PAUL THOMPSON, M.D., Los Angeles, Calif.

Antigenic Properties of the Carbohydrate Fraction of the Tubercle Bacillus—SIDNEY RAFFEL, Leland Stanford University, Palo Alto, Calif.

Vaccination of Nurses-in-Training in General Hospitals and in Sanatorium Employees—R. G. FERGUSON, M.D., Fort San, Saskatchewan, Canada

Discusser: JOSEPH D. ARONSON, M.D., U.S. Public Health Service, Washington, D. C.

Studies in Streptomycin

Streptomycin in Experimental Tuberculosis—WILLIAM H. FELDMAN, D.V.M., M.S., and H. CORWIN HINSHAW, M.D., Ph.D., Mayo Clinic, Rochester, Minn.

Streptomycin in Clinical Tuberculosis—H. CORWIN HINSHAW, M.D., Ph.D., and WILLIAM H. FELDMAN, D.V.M., M.S., Mayo Clinic, Rochester, Minn.

Discusser: WILLIAM STEENKEN, JR., Trudeau Sanatorium, Trudeau, N. Y.

Public Health Section

BRUCE H. DOUGLAS, M.D., Department of Health, Detroit, Mich., Chairman

Making the Most of Group Chest X-ray Services

Review of Relative Values of Tuberculosis Case-Finding Procedures—ROBERT E. PLUNKETT, M.D., State Department of Health, Albany, N. Y.

Group X-raying, Follow-up and Follow-through:

(a) *In a State*—C. W. KAMMEIER, Iowa

(b) *In a Large City*—CHARLES KURTZHALZ, Philadelphia, Pa.

(c) *In a Local Area*—Speaker to be selected

(d) *Experience in Rochester-Monroe County, N. Y.*

Panel: WILLIAM A. SAWYER, M.D., Chairman
County Sanatorium Superintendent — EZRA BRIDGE, M.D.
City Health Officer—ALBERT D. KAISER, M.D.
Medical Society Representative — PAUL W. BEAVEN, M.D.
Tuberculosis and Health Association—MARIE GOULETT
Community Groups—MRS. FRANK GANNETT
Industry—To be selected

2:00 P.M.

Medical Section

Chairman to be announced

Histoplasmin Sensitivity—MICHAEL L. FURCULOW, M.D., Tuberculosis Control Division, U. S. Public Health Service, Washington, D. C.

Medical Management of the Recovery Phases of Tuberculosis

Medical Prognostic Criteria—E. S. MARIETTE, M.D., Glen Lake Sanatorium, Oak Terrace, Minn.

Practical Experience with "In-Sanatorium" Rehabilitation Work—I. D. BOBROWITZ, M.D., Municipal Sanatorium, Otisville, N.Y., ARTHUR N. AITKEN, M.D., Niagara Sanatorium, Lockport, N. Y.

Newer Knowledge in Air-Borne Infection

Methods for the Control of Air-Borne Infection—O. H. ROBERTSON, M.D., University of Chicago, Chicago, Ill.

Experimental Air-Borne Tuberculosis—MAX B. LURIE, M.D., Henry Phipps Institute, Philadelphia, Pa.

Discussion

Public Health Section

WILLIAM P. SHEPARD, M.D., San Francisco, Calif., Chairman

Tuberculosis Associations: Today and Tomorrow

A group of delegates returning from the 1946 NTA Annual Meeting in Buffalo are discovered in the parlor car of a streamliner. Their vigorous comment on what they have heard at Buffalo and their convictions as to what the tuberculosis association of "Today and Tomorrow" should be, and what it should do, are of interest to "fellow passengers."

Participants:

WILLIAM P. SHEPARD, M.D., Former President of the California Tuberculosis and Health Association, Insurance Executive

WILLIAM MARTIN, President, Norfolk County Health Association, Quincy, Mass., Banker

MRS. ELIZABETH SEMENOFF, District of Columbia Tuberculosis Association, School Health Director

FRANK L. JENNINGS, M.D., Sunnyside Sanatorium, Indianapolis, Ind., Sanatorium Superintendent

A. H. AARON, M.D., Buffalo and Erie County Tuberculosis Association, Tuberculosis Association Representative

Other participants to be selected

4:30 P.M.

National Tuberculosis Association — Board of Directors Meeting

National Conference of Tuberculosis Secretaries — Tea Dance

8:00 P.M.

Clinical Roentgenological Conference—Co-Chairmen, CHESLEY BUSH, M.D., Del Valle Sanatorium, Livermore, Calif., M. C. SOSMAN, M.D., Professor of Roentgenology, Harvard University, Boston, Mass.

Panel: J. BURNS AMBERSON, M.D., Bellevue Hospital, New York, N. Y.

JOHN B. BARNWELL, M.D., Veterans Administration, Washington, D. C.

LEO RIGLER, M.D., University of Minnesota, Minneapolis, Minn.

JOHN H. SKAVLEM, M.D., Cincinnati, Ohio

THURSDAY, JUNE 13

9:30 A.M.

Medical and Public Health Sections—Joint Session

The Policies of the Veterans Administration with Regard to Medical Care—MAJOR GENERAL PAUL R. HAWLEY, Surgeon General, Veterans Administration, Washington, D. C.

Highlights in the Report of the Committee on Tuberculosis Among Veterans—HERBERT R. EDWARDS, M.D., Department of Health, New York, N. Y.

New Developments in the Tuberculosis Control Division, U.S. Public Health Service—HERMAN E. HILLEBOE, M.D., Chief, Tuberculosis Control Division, U.S. Public Health Service, Washington, D.C.

International Health Relations—JAMES A. DOULL, M.D., U.S. Public Health Service, Washington, D.C.

A Resume of the Tuberculosis Experience of the United States Army in World War II—COLONEL ESMOND R. LONG, Office of the Surgeon General, Army Service Forces, Washington, D.C.

12:30 P.M.

General Meeting

Brief talks by the incoming presidents of the National Tuberculosis Association, The American Trudeau Society and the National Conference of Tuberculosis Secretaries

1:00 P.M.

New York State Committee on Tuberculosis and Public Health of the State Charities Aid Association—Annual Meeting

2:00 P.M.

American Trudeau Society—Council Meeting

National Conference of Tuberculosis Secretaries—Executive Committee Meeting

Conference on Tuberculosis Nursing—JEAN SOUTH, R.N., Supervisor, Community Service Organization, New York, N.Y., Chairman
Program to be announced

ADJOURNMENT

SOCIAL WORKERS TO DISCUSS TB PATIENT-FAMILY NEEDS

A special meeting, calling attention to the need of developing better and additional social services to tuberculous patients and their families, has been arranged by the National Tuberculosis Association in connection with the National Conference of Social Work which takes place at Buffalo, N. Y., May 19-25.

The meeting, to be held at the Hotel Lafayette on May 23 from 2.00 to 3:30 P.M., will be attended by representatives of both national and local groups of official and non-official social agencies.

The main speaker, Edward Hochhauser, executive director, Committee for the Care of the Jewish Tuberculous, will discuss the case work needs of tuberculous patients and their families and the question of whether these needs are being met, from the standpoint of the community social agency and from that of the hospital social work program.

Philip Klein of the New York School of Social Work will be chairman of the meeting and Miss Jane Hoey, director, Bureau of Public Assistance, Social Security Board, Washington, D. C., will lead discussion.

TB NURSING SCHOLARSHIPS WILL BE REPEATED IN '46

A tuberculosis nursing scholarship grant of $10,000 has been made to the National Organization for Public Health Nursing by the National Tuberculosis Association for the second consecutive year, the NTA has announced.

The grant, given to further the education of teachers and supervisors in tuberculosis nursing, provided eight scholarships last year, when it was given for the first time.

Preference will be given to nurses with experience in tuberculosis nursing and supervision, who meet other requirements set up by the Tuberculosis Nursing Scholarship Committee.

Inquiries may be sent to Mrs. Louise Cady, Tuberculosis Nursing Consultant, NOPHN, 1790 Broadway, New York 19, N. Y.

CALIFORNIA VETS TO GET NEW GENERAL HOSPITAL

A new 250-bed veterans general medical and surgical hospital is planned for Fresno, Calif., and additional beds for three veterans hospitals in the state, according to a recent issue of *News Letter*, publication of the California Tuberculosis and Health Association.

One hundred additional beds will be provided in the Livermore tuberculosis hospital, 150 beds in the San Fernando tuberculosis hospital and 432 beds in the Los Angeles neuropsychiatric hospital.

PUBLIC HEALTH NURSE WEEK

The National Organization for Public Health Nursing in cooperation with the U. S. Public Health Service is sponsoring "Know Your Public Health Nurse Week," April 7-13.

Keyed to the slogan, "Open the Door to Health," the week is devoted to an educational campaign to make the nation better acquainted with public health nursing services.

Dr. White Resigns

NTA's medical research director honored by colleagues for 25 years' distinguished service

Dr. William Charles White, chairman of the National Tuberculosis Association's Committee on Medical Research since 1921, when the Committee first functioned, resigned March 1. His retirement brings to a close more than 25 years spent in the service of the organization.

Dr. White is succeeded by Dr. H. Stuart Willis, superintendent and medical director of William H. Maybury Sanatorium at Northville, Mich., who will act as interim director pending the appointment of a permanent director.

The NTA's first Committee on Research was formed prior to 1916 with Dr. Edward R. Baldwin as chairman but, partly due to America's entry into the first world war, did not function. In 1921, Dr. Gerald B. Webb, at that time NTA president, appointed a new committee, headed by Dr. White, which was given the responsibility of developing research in the tuberculosis field.

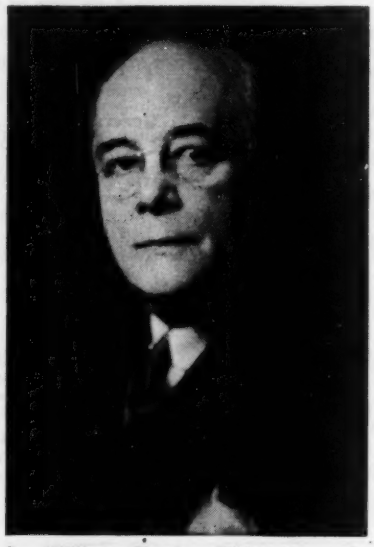
First Grant in '21

Under Dr. White's leadership, the Committee made its first grant, of $500, the same year, to William Snow Miller for a study of the anatomy of the lungs, and has granted more than $600,000 since that time for the carrying on of approximately 50 studies.

In accepting Dr. White's resignation as chairman, the 1946 Committee on Medical Research, meeting in New York City on March 1, passed the following resolution which has since been adopted by the Board of the NTA.

Whereas, Dr. William Charles White, retiring Chairman of the Committee on Medical Research of the National Tuberculosis Association, has completed more than a quarter of a century of distinguished service in that position, and

Whereas, During that period his unswerving devotion to scientific research and the campaign against tuberculosis has led to notable advance in both fundamental science



Dr. William Charles White, recently retired chairman of the NTA's Committee on Medical Research.

and the control of the disease, and

Whereas, This unswerving loyalty to the National Tuberculosis Association has led to steady advancement in the program of the Association, and

Whereas, He has developed an impressive research organization, comprehensive in scope, and by aligning investigators in the basic sciences with experts in technical tuberculosis research has introduced new methods and teamwork in medical investigation, and

Whereas, His personal and professional association with the United States Public Health Service, National Research Council and other distinguished bodies has been of inestimable value to the National Tuberculosis Association in coordination of effort against tuberculosis, and

Whereas, His understanding of the long-range interests of science and technical achievement in the control of tuberculosis led him to a unique and fruitful interest in the development of young men and women who have since become leaders in their respective fields, therefore

Be It Resolved, That the National Tuberculosis Association express to Dr. White and his faithful secretary and daughter, Mrs. Hugh T. Nicolson, its deep appreciation of the service they have rendered to the Association and its confidence that the organization he has developed and results obtained will be of permanent value in scientific research and the control of tuberculosis.

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SURVEY FIGURES SHOW POWER OF THE PRESS

Newspaper publicity was the impelling factor responsible for the X-raying of more than one quarter of the number of persons participating in a recent X-ray survey conducted recently under the joint sponsorship of the San Luis Obispo County (Calif.) Tuberculosis Association and the county health department, according to *News Letter,* publication of the California Tuberculosis and Health Association.

Interviews, during the survey, revealed that of 1,916 men and women X-rayed, 551 were prompted by advance newspaper publicity. Of the remainder, 390 knew of the survey through personal contact. Posters brought out 219, schools, 208; circulars, 117; radio, 114; movies, 196 and clubs, 53. Twenty-two persons heard of the survey through their churches and 15 saw the unit.

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PENNSYLVANIA ASSNS. TO BROADEN SERVICES

The Beaver County Tuberculosis Association and the Mercer County Tuberculosis and Public Health Society, both of Pennsylvania, have purchased X-ray equipment for use in county X-ray service, according to a release from the Pennsylvania Tuberculosis Society. Nurses will be added to both staffs for follow-up work.

School Health Program

Hartford, Conn., Gives Progress Report on Work Among Teachers and Students — Pursues Policy of Active Cooperation in All School Health Projects

By MURIEL F. BLISS, Ph.D.

IT seems to be the usual practice for articles that appear in such journals as the BULLETIN of the National Tuberculosis Association to be written about programs or projects with which the authors are well satisfied and which can serve as examples for other workers in the field. This article, however, is about a program with which we in Hartford, Conn., are far from satisfied and which we are trying to improve.

School health has always been an integral part of our program and cooperation in school health programs was one of the first activities of the society. However, as in many other tuberculosis associations, it is not at the present time a major part of our program and the society has no staff worker for this particular purpose.

Many Projects

We have had, in the past, different types of demonstration projects, including nursing, a five-year program of Mantoux testing in an elementary school, the distribution of free milk and the demonstration of health teaching methods, especially in elementary and parochial schools. Many of these projects have shown value and have been taken over by the board of education; others have been dropped.

Each year in the fall a conference is held between the executive secretary of the tuberculosis society and the superintendent of schools. At this time any new materials available are gone over, the projects conducted during the previous year are considered for repetition and suggested new projects are also discussed. This does not mean that there is not an opportunity for similar discussions later in the year if such need develops, but frequently this can be done by telephone unless the new projects are controversial or of major importance.

At the present time, the school health activities of the society include tuberculin testing, a Junior Board of Directors, the School Press Project and the furnishing of various materials for use in other projects.

Free Tuberculin Tests

Tuberculin tests are offered free each year to the juniors in all the high schools by a program sponsored cooperatively by the board of education, the tuberculosis society and the health department. A certain amount of competitive spirit has entered into this project and has helped in promoting the percentage of those tested to the high point of over 99 per cent, which was reached by three high schools last year, each having a junior class of approximately 500. Participation is voluntary and is limited to those youngsters who have secured the signatures of their parents.

The details of the tuberculin testing program vary among the schools, as adaptations are made to fit specific needs and practices. Usually it starts with an assembly for all the juniors at which the film, "Behind the Shadows," is shown. A talk is given by a medical member of the board of directors of the Hartford Tuberculosis and Public Health Society, the stamp of approval of the project is given by the principal of the school and either the school nurse or the head of the science department urges the participation of all the students. Frequently, a member of the Junior Board who is a senior emphasizes the fact that a tuberculin test is not a "killing matter" and that he survived the "ordeal."

The assembly marks only the beginning of the task of getting the majority of the junior class to participate in the project. A committee of students, on which the members of the Junior Board play a prominent part, distributes consent slips to each of the junior home rooms. It has been found that participation among the students in this varies. Those students who do not return their consent slips are approached by the school nurse. One school has had only two refusals during each of the last two years. It is felt that this is a remarkable record.

Materials, including pamphlets, books and exhibits, as well as the tuberculin for testing, are supplied by the tuberculosis society. The testing is done by the physicians of the board of education staff, assisted by the school nurses — the Junior Board members acting as messengers. Those students whose tuberculin test is positive are X-rayed by the health department, both during their junior year and again in their senior year. Emphasis is given throughout to the value of the tuberculin test and also to the value of having an annual X-ray.

Much of the school health work

THE AUTHOR

Muriel F. Bliss, Ph.D., executive secretary of the Hartford (Conn.) Tuberculosis and Public Health Society since November, 1943, has also served as secretary of the Health Division, Council of Social Agencies of Greater Hartford, since January 1945. She is a Fellow of the American Public Health Association, and a member of the Pilot Study Committee of the National Tuberculosis Association. Miss Bliss' article is a contribution from the BULLETIN editorial committee of the National Conference of Tuberculosis Secretaries.

of the society is conducted through its Junior Board of Directors. This organization, composed of 32 representatives of the junior and senior classes of the five high schools in the society's territory, concerns itself with health and welfare problems and has speakers at its monthly meetings.

However, the Junior Board of Directors has felt that its main purpose is to improve and strengthen the interest in health among their fellow students, so their activities have gone far beyond the monthly meetings planned for their own enlightenment. An active public relations committee is responsible for having an article on the Junior Board in each school paper at least once a month. These articles do not emphasize the Junior Board as much as the material which is presented at the Junior Board meetings, in order that this information may be brought home to the other readers of the school paper.

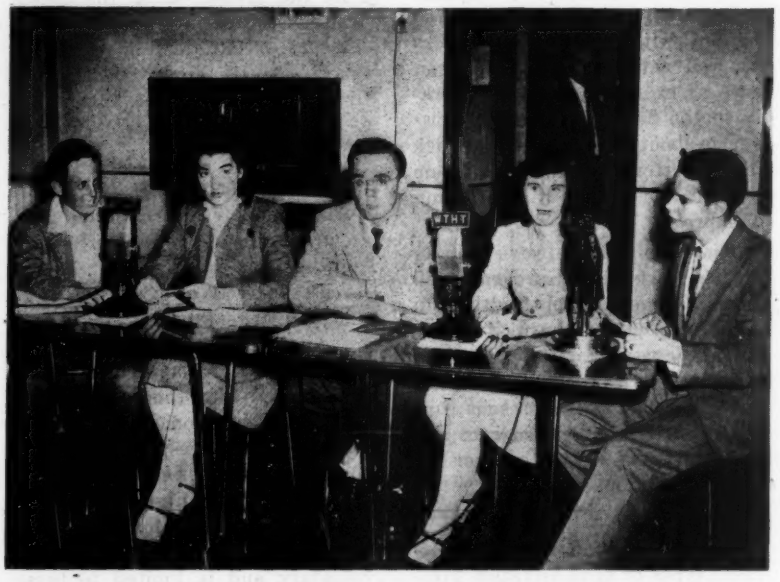
In 1945, in considering their program, the members decided that this was still not enough. After many discussions among themselves and with school administrators, it was decided to have a forum patterned after the Town Meeting of the Air in each high school in order to promote interest in health.

The subject chosen was "Does America Need Socialized Medicine?" Four members of the Junior Board from the particular school participated in the discussion. In some of the schools, the project was presented before the full assembly; in others, it was given before the biology clubs. Faculty judges in each of the five high schools selected a speaker and these five students participated in a similar forum on a local radio station.

The forums went so well last year that the Junior Board has decided to conduct them again. Their topic this year is "Does the Public School Have a Responsibility for a School Health Program?"

Promotion of the School Press Project was increased during 1945. A "meeting with refreshments" was held at the society's headquarters, attended by one faculty and two student representatives of each of the 11 school papers in the district. At this meeting, information about the project was given by a newspaper editor, the executive secretary of the Connecticut Tuberculosis Association, the faculty adviser of the school paper which has received an award for three successive years, and by members of the public relations committee of the Junior Board. Bibliographies were distributed on both subjects. As a result, most of the school papers had some mention of the project. Five articles were considered worthy of being sent on to the state association for consideration by the national judges. This meeting made an excellent tie-up with the school papers and seems to be well worth continuing.

One of the major contributions of the voluntary health agency to the school health program can be in furnishing materials and other means of stimulation for the teachers to conduct their own health activities. In this regard, the lending library of the society assumes a major importance. The library includes many books on school health as well as health textbooks. Copies of the library lists have been sent to the teachers. Over the years the value of having this type of service available has been adequately proved. Teachers coming to the lending library not only have an opportunity to borrow the books but also to browse among the current journals and samples of other available materials.



Junior Board members representing five Hartford, Conn., high schools participate in a radio forum on the question, "Does America Need Socialized Medicine?"

Pamphlets, units, exhibits, films and posters on health are offered as they become available. Since there is no health education supervisor in the schools, this service is really important. As examples, the booklet, "Your Baby," has been used in the homemaking classes; "An Invitation" has been given to all the vocational guidance people in the schools, and "Take Off" will be offered to the school seniors.

It is obvious that this school health program is primarily one of cooperation. The society does not

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TB Control in British Columbia

Canadian Province Has Government Program of Case-Finding, Institutional Care and Social Services for Entire Population—Special Allowance Given Dependents

By W. H. HATFIELD, M.D.

BRITISH COLUMBIA has an area of 366,255 square miles and a population of 932,000. From the standpoint of tuberculosis control this area presents several interesting factors. First, there is a concentration of population in the south-west corner of the province where over 50% of the population lives, giving a true urban problem. The rest of the population is scattered over a very wide area, giving a true rural problem.

There are several distinct racial groups with 22 per cent of the native Indians of Canada residing in the province. These have a very high tuberculosis death rate. In addition there is a considerable Oriental population. The mass of the population, of course, is white. This provides opportunities for comparative studies.

Varied Terrain

From the standpoint of case-finding and diagnostic work the geography is somewhat unusual in that there is a large island, Vancouver Island, as part of the province and a long coast line up to Alaska, only reached by boat. The mountain ranges running north and south create some interesting travelling. It is necessary for clinics to use all means of transportation: boat, train, motor car and airplane.

The Division of Tuberculosis Control was organized in 1935 as a part of the Provincial Board of Health. Through a provincial budget this Division handles all tuberculosis institutional care and all case-finding and diagnostic work in the province. All the activities of the Division radiate from a central office situated in Vancouver, the largest urban centre in the province.

Through the central office there is a close correlation with other provincial offices, such as the Division of Vital Statistics, the Social Assistance Branch and public health nursing services. The provincial and local services are also very closely correlated.

Indian Care

The native Indians come under a department of the Dominion Government. Case-finding in this group is done by the Division of Tuberculosis Control but patients are hospitalized in institutions operated by the Dominion Government. Close correlation exists between the Provincial and Dominion services in this regard.

All cases of pulmonary tuberculosis from the Department of Veterans Affairs are sent to the hospitals of the Division of Tuberculosis Control for treatment and are followed up through the Division's clinics and the local public health nursing service.

Minimum standard qualifications have been established at a fairly high level for all technical positions within the Division. No appointment may be made unless these qualifications are met.

Stationary survey and diagnostic clinics are located in the larger urban centres. These are four in number. Four travelling clinics cover the remainder of the province at regular intervals. There are also three travelling survey clinics, specially equipped for taking miniature X-ray films, which carry on industrial and community surveys in both urban and rural areas.

In addition to these clinics a consultation service is offered in rural areas whereby any person may be X-rayed at a local hospital by making arrangements through a physician. The film and a detailed consultation form are then forwarded by the physician to one of the Division's centres for interpretation.

All these services are free to anyone.

All hospitals for the treatment of tuberculosis in British Columbia are operated by the Division. The only point in the whole organization where it is felt the necessary standard has not been reached is in the number of beds. Additional beds under construction at the present time will provide the Division with adequate hospital accommodations to cope with the cases requiring treatment.

Patients are admitted to hospitals by making application to a central admitting office and are admitted to a particular institution depending upon the type of care required and proximity to an institution. This central admitting office keeps careful control of beds so that all beds are used to a maximum and as rapid a turnover as possible is made.

Modern Therapy

All modern forms of therapy are available in all institutions, with the exception of certain specialties which are available through a central unit in the Vancouver area, to which patients can be transferred from other institutions. All specialists' services are available to patients, including bronchoscopy, eye, ear, nose and throat, chest surgery, orthopaedic surgery, genito-urinary surgery, etc.

THE AUTHOR

William H. Hatfield, M.D., is provincial director of tuberculosis control for the Province of British Columbia, Canada. A graduate of the University of Toronto Faculty of Medicine in 1926, Dr. Hatfield is a member of the Canadian Medical Association and The American Trudeau Society and the author of "Handbook on Tuberculosis," published in 1944 by the British Columbia Board of Health. His article is a contribution to the BULLETIN from the Committee on Medical Section Information of the American Trudeau Society.

All services rendered by the Division are free to the patient except hospitalization, where the patient pays according to his ability. The amount is determined after careful social analysis of the individual case. The assessment made is most lenient and the amount received therefrom is not great.

The cost of this work is borne by the provincial government with an 80 cents per patient day contribution from municipalities for patients in hospital.

Out-Patients

Because of the present shortage of beds the Division admits only those cases that are actual or potential public health problems, thus confining the type of case primarily to pulmonary tuberculosis. Other cases, such as straight orthopaedic cases, are rather rare and are handled in general hospitals.

Out-patient treatment is carried on through the stationary clinics of the Division. Re-check examinations, pneumothorax treatments, dental, eye, ear, nose and throat care are available to the patients. In rural areas some 40 centres have been established in which pneumothorax refills are given by local physicians who have received training in this work.

Family Allowances

A special tuberculosis allowance is given to patients and their families until the patient is fit for full-time gainful employment. This allowance, which is instituted upon the cessation of income, is applied for through the local authority and financed 80 per cent by the provincial authority. A detailed formula is used in assessing the assistance to be given to each patient. The amount given depends on the size of the family, the amount of savings, whether the patient owns his home outright, or whether the home is mortgaged or rented. If installment payments are being made on basic furniture or if there are life insurance premiums to be paid, these are taken into consideration. Extra food allowances are given to contacts who have been infected. Assistance is given to maintain the family as an intact unit until the patient is fit for full-time employment. A comforts allowance is supplied to any patient eligible for assistance while in hospital.

Nursing Services

Ninety per cent of the population of the province is covered either by full-time health units or public health nursing services. The public health nurses work as part of the local health service, carrying on all the home visiting, arranging for examination of patients, etc. The work of these nurses, who are all public health graduates, is correlated through a Provincial Supervisor of Public Health Nursing.

The Division maintains a General Superintendent of Nursing who is in charge of all institutional nursing and acts as consultant to the field nurses. This nurse, in addition to hospital experience, is a public health graduate and a graduate in social work.

Social Workers

University graduates in social work employed through the Social Assistance Branch of the provincial government cover all parts of the province. In the few areas where there is no public health nursing service some of these duties are carried on by the social workers.

Trained medical social workers are attached to the various hospitals and clinics of the Division. A supervisor in tuberculosis social service supervises the institutional social service activities and correlates them with the field service.

Compulsory Hospitalization

Legislation is, in effect, allowing the compulsory hospitalization of infectious cases who refuse isolation. Compulsion has rarely been found necessary and is used only as a last resort. In instances where a local health officer feels that compulsory hospitalization is necessary, he reports to the Provincial Health Officer, who also receives a report from the Division of Tuberculosis Control. The Provincial Health Officer may then issue a warrant directly to the police.

The Workmen's Compensation Act of the province provides compensation for an employee of any hospital who develops tuberculosis during his term of employment.

Training in tuberculosis is now a "must" in all nurses training schools in British Columbia. An intensive five-weeks course is given to all student nurses by the Division. Each nurse receives experience on the wards of a tuberculosis hospital, a short period in a modern out-patient clinic and one week visiting in the homes with the public health nursing service.

Seal Sale

In British Columbia one group, the British Columbia Tuberculosis Society, handles all Christmas Seal sales. This society has 19 local committees with representatives from each forming a board of directors. This is entirely a lay organization, but there is in addition a medical advisory committee which passes on all projects for the expenditure of Christmas Seal money.

This society conducts an active educational program throughout the province in tuberculosis prevention and in addition supplies funds for certain capital expenditure, such as mobile unit equipment. It also provides funds for research projects.

We feel that British Columbia now has a well rounded tuberculosis control program which has been made possible by centralized authority vested within the Provincial Board of Health; a high standard of training requirements for technical positions under the Civil Service Act, and close cooperation between various provincial departments and local health services. In addition, the amalgamation of all Christmas Seal activities into one organization brings about a unified lay point of view.

THE PRESIDENT'S COLUMN

By WILL ROSS, President, NTA

A recent book, "Voluntary Health Agencies," by Messrs. Gunn and Platt, consisting of a survey of the history and trends in health work, has quickly become "required reading" for all people engaged in any phase of health or social work, as well as those who, through their activities, give service to these various causes.

Inspired, it may be assumed, by gentlemen with an axe to grind, the evidence and conclusions reached in this temperate and conservatively written book have been written up in sensational fashion by a writer, not related to the health or social service field, for publication in a magazine of wide circulation and reader appeal. The article's general effect is to create the impression that health work generally is carried on by a lot of sincere and well intentioned old fuddle duddies who mean well, but who don't know the score.

Unawareness

The magazine writer establishes the premise that each of the various health associations whirls around in its own orbit, blissfully unconcerned with what goes on in any other phase of health work. In short, the liver and the lungs have no interest in each other. This premise is set up in order to arrive at two major conclusions: that health work at local, state and national levels should be carried on under the strong hand and supervision of one top coordinating agency, and that the money to support all voluntary health work should be raised in one nation-wide campaign on a plan comparable to the Community Fund method of fund-raising.

In these conclusions the writer is quoting Messrs. Gunn and Platt, but nowhere do they suggest that, except in isolated cases, there is no coordination of health work. To the contrary, Gunn and Platt cite numerous examples of excellent cooperation. The point they make is that this cooperation should be much more widely extended, as no doubt it will be as the various health organizations develop in strength and experience. So far as the argument that all funds for health work should be raised in one campaign is concerned, it is entirely conceivable that Messrs. Gunn and Platt may be wrong.

National Health Council

As far back as 1920 the National Health Council was organized under the leadership of such men as Vincent, Farrand, Frankel and Armstrong for the purpose of seeking unification of health programs. You could scarcely find, either before that time or since, more statesmanlike leadership. These were men who had the widest respect of all people engaged in, or interested in, health and social work. The magazine writer charges that this move to create the desired unification was sabotaged by the health agencies in the Council. In fairness other reasons suggest themselves.

The various health agencies with which we are familiar are not poured out of the same mold and cannot be. Each has a particular problem which must be attacked in a particular way. None of these organizations is old; several are very young. In their beginnings at least it was absolutely necessary that they concentrate every thought and effort on the problem in which each was specifically interested. You kill no big game with scattered shot.

It may well be suggested, therefore, that one reason for the apparent failure to achieve unification was that the time was not ripe for it. Another reason may be found in the question of whether unification, when it comes, should come through the amalgamation of all health activities, or whether the various health organizations should instead coordinate their programs with the social work agencies. Certain diseases have wide social implications; others have little, if any. Perhaps interrelation of activities should come in grouping health and social work agencies, rather than isolating health agencies under one control.

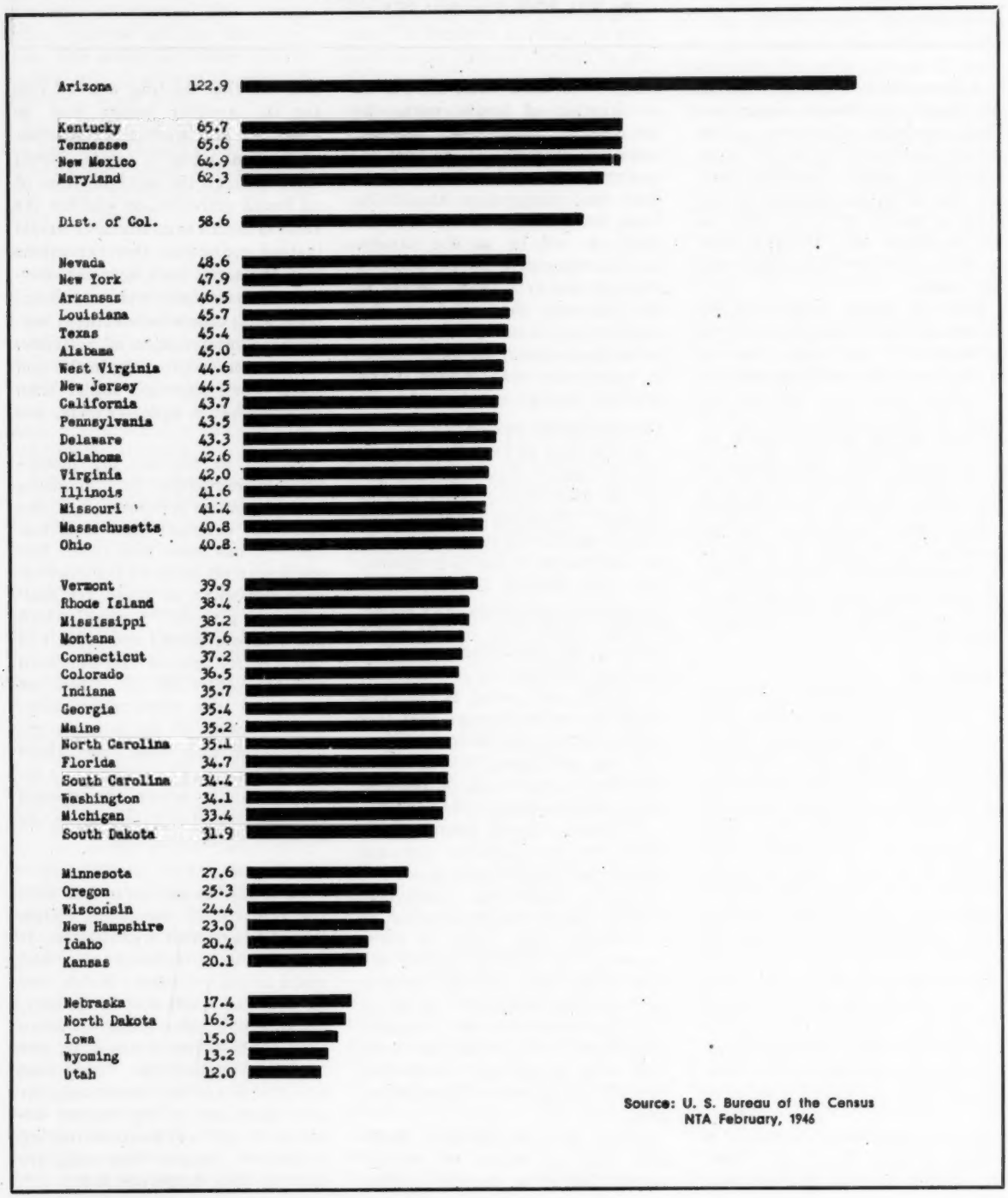
So far as the one big money-raising campaign for financing health agencies is concerned, no one can state definitely that it is feasible—it has never been tried. One could scarcely criticize the tuberculosis movement, however, for hesitating to give up its appeal which has been widespread and popular in favor of an untried and unproven medium. After all, the public has supported the tuberculosis campaign because of its intimate acquaintance with what tuberculosis does to people. The public fears tuberculosis; it wants the disease stamped out; it is willing to pay to help accomplish this end.

Not Perfect

Certainly no one connected with the tuberculosis movement claims that it is a perfect organization. It has the human tendency to err and make stupid mistakes. It has had its share of waste and inefficiency, but there is also ample evidence that on the whole it has done, and is doing, a good job. Those men who, to further their own ambitions and ideas, are willing to use destructive and confidence-destroying methods to achieve their ends, are playing with dangerous fire.

Tuberculosis Death Rates Per 100,000 Population Among Residents of Each State — 1944

Death Rate for the United States — 41.3



Source: U. S. Bureau of the Census
NTA February, 1946

TB in Denmark

Death rate held at low mark despite war and acute refugee problem

Denmark, which maintained high health standards during the war in spite of occupation by German troops, is taking no chances. In one war year, 1944, the tuberculosis death rate was the lowest in the country's history. Today, with refugees from disease-ridden concentration and work camps pouring over her borders, authorities are checking every person seeking admission.

Miss Marie Lindhardt, in charge of morbidity and mortality statistics for the Danish health department, now on her way home after several months' stay in the United States, stated during a visit to the NTA office, that Denmark's tuberculosis control begins at the border. Every person entering the country, she said, undergoes a complete physical examination, including a chest X-ray.

Strict Supervision

"By strict supervision of all incoming persons, both refugees and Danes, who were drafted for work in German labor camps, we hope to maintain our good health record. All those found to have tuberculosis are immediately segregated, refugees in their own hospitals and Danish nationals in state-maintained sanatoriums."

Denmark has, at the present time, said Miss Lindhardt, 250,000 refugees, of whom 200,000 are Germans who fled East Prussia at the time of Russian occupation.

Tuberculosis morbidity rates rose during the war years, Miss Lindhardt said, but there was no increase in mortality. On the contrary, the death rate registered a new low in 1944, a rate of 34 per 100,000 in a population of 4,000,000 persons. Of these, 27 per 100,000 were from pulmonary disease.

The general health of the people remained good during wartime. This Miss Lindhardt attributes partly to the fact that food, although rationed and lacking in luxury items, remained sufficient for the needs of the population and also that the government maintained its high standard of public health protection.

Tuberculosis control is nothing new to Denmark. Laws regarding the disease, Miss Lindhardt revealed, were passed as early as 1898. These laws have been revised from time to time, the latest revision, in the past few months, calling for the reporting of all forms of tuberculosis. Formerly, only pulmonary tuberculosis was reportable.

During the last ten years, said Miss Lindhardt, the Danish health department under the chairmanship of Dr. Johannes Frandsen, has reorganized the country's entire system of tuberculosis control.

"Tuberculosis clinics are maintained in each of Denmark's 23 counties and each county has its own sanatorium. We try, wherever possible, to have the county clinics directed by the chief physicians of the sanatoriums," Miss Lindhardt pointed out.

Preventive measures have been taken against the disease for some time, Miss Lindhardt stated. Tuberculin testing and X-raying is used widely in the schools, particularly among groups of student nurses, medical students and high school pupils. For the past four or five years, BCG vaccination has been used among the same groups and also in groups of young workers and students coming into populous centers from districts where tuberculosis is virtually unknown.

"None of these measures is compulsory," Miss Lindhardt explained. "The Danish people have a strong dislike for anything that suggests regimentation. We always try to do the job by education."

Denmark has, at the present time, 4,400 hospital beds for the tuberculous, approximately four beds for each death as against the recommended American standard of three beds per death.

SCIENCE WRITER REVIEWS THE GUNN-PLATT REPORT

A review of "Voluntary Health Agencies, An Interpretive Study," appears on Page 66 of this issue of the BULLETIN. The review was written by Daniel Josselyn, a science writer of Birmingham, Ala., at the request of Kenneth Grimley, executive secretary of the Alabama Tuberculosis Association. To quote Mr. Grimley's letter which accompanied the review, "I gave him my copy of the Gunn-Platt report, absolutely without comment, and asked him to review the book. My real interest was to see just what reaction would be elicited by this report from a generally well-informed lay person who was nevertheless not very closely connected with the tuberculosis movement."

HOSPITAL PROGRAM SET BY VETS ADMINISTRATION

The Veterans Administration has announced a hospital building program which will provide war veterans with 183 new and permanent hospitals, equipped with 151,000 beds, in 39 states. The hospitals will include 105 for general medicine and surgery, 49 for neuropsychiatric cases and 29 for tuberculosis treatment. The cost of the program is approximately $448,000,000.

Three of the new hospitals are under construction. Funds are on hand for 47 and appropriations for 30 are pending in Congress. Some funds will not become available until 1947.

REHAB WORKERS TO MEET

The National Rehabilitation Association has announced that its first post-war annual convention will be held May 13-15, at the LaSalle Hotel, Chicago, Ill.

Rehab Conference

Delegates advise study of current programs and setting up of demonstration projects

Recommendations calling for a study of several current rehabilitation programs in tuberculosis hospitals and the setting up of rehabilitation demonstration projects in a number of sanatoriums throughout the country were made by representatives of voluntary and official organizations meeting in Washington, D. C., March 4-6. The conference was held under the joint auspices of the U. S. Office of Vocational Rehabilitation, the Tuberculosis Control Division, U. S. Public Health Service, and the National Tuberculosis Association.

One of the first of its kind, the conference was called to define the functions and qualifications of rehabilitation workers in various professional fields and to determine how and by whom these functions can best be performed.

In attendance were state and municipal medical directors of tuberculosis hospitals, vocational counselors, public health and hospital nurses, medical social workers, occupational therapists and other rehabilitation workers.

The conference recommended that studies of six in-hospital rehabilitation programs be initiated by the sponsoring agencies and that these studies be made jointly by a medical officer, a public health nurse, an occupational therapist, a medical social worker and a rehabilitation counselor.

It was further recommended that, on the basis of group findings and reports, the sponsoring agencies set up a series of fully staffed demonstration projects in selected hospitals for a period of time sufficient to indicate their value and experience.

The sponsoring agencies were represented by Michael J. Shortley, Director, Office of Vocational Rehabilitation; Dr. Victor H. Vogel, Chief Medical Officer, Office of Vocational Rehabilitation; Dr. Herman E. Hilleboe, Medical Director, Tuberculosis Control Division, USPHS; Dr. Norvin Kiefer, Tuberculosis Control Division Liaison Officer to the Office of Vocational Rehabilitation; Fred H. Hopkins, Executive Secretary, NTA, and Holland Hudson, Director, Rehabilitation Service, NTA.

ATTEND WASHINGTON MEETING

Representatives of official and voluntary agencies confer. Seated: Dr. Norvin C. Kiefer, Liaison Officer to the Office of Vocational Rehabilitation, TB Control Division, USPHS; Holland Hudson, Director, Rehabilitation Service, NTA. Standing: Michael J. Shortley, Director, Office of Vocational Rehabilitation; Dr. Thomas B. McKneely, Assistant Chief Medical Officer, Office of Vocational Rehabilitation.

NEW TB ASSOCIATION

Rockingham County (N. C.) has formed a tuberculosis association composed of eight former Seal Sale Committees. The officers of the new association are: Kearns Thompson, president; E. D. Pitcher, vice-president; Miss Ellen Booth Watlington, secretary, and Benton Stacy, treasurer.

SPARTANBURG, S. C. TO GET STATE'S FIRST 70 MM UNIT

The Spartanburg County (S. C.) Tuberculosis Association has announced the purchase of a 70 mm X-ray unit for use in county surveys.

The new equipment, on order since August 1944, is the first of its kind in the state and, according to the association's executive secretary, Mrs. T. Fraser James, is scheduled for a year ahead for use in textile plants, schools, banks, wholesale and retail establishments and public utilities.

ANNUAL MEETING

The 74th annual meeting of the American Public Health Association will be held at Cleveland, Ohio, the week of Nov. 11, 1946.

Dr. Shepard Elected

NTA names insurance executive to succeed Dr. Cullen as president-elect

Dr. W. P. Shepard of San Francisco, Calif., was unanimously chosen president-elect of the National Tuberculosis Association by the NTA's Board of Directors, meeting in Chicago, Ill., on March 9. Dr. Shepard will assume presidency of the organization, succeeding Will Ross, Milwaukee, Wis., at the close of the annual meeting, at Buffalo, N. Y., June 11-13.

Election of Dr. Shepard, third vice-president of the Metropolitan Life Insurance Company, followed the resignation, for reasons of ill health, of Dr. Victor F. Cullen, State Sanatorium, Md. Dr. Cullen was named president-elect at a meeting of the NTA's Executive Committee in New York City last June.

In accepting Dr. Cullen's resignation, on Feb. 7, the Executive Committee of the NTA expressed deep regret for the circumstances which made the decision necessary and voted to record in the minutes of the February meeting the Committee's reluctance to act in accord with Dr. Cullen's wishes.

When informed of the Board's decision, Dr. Shepard replied:

"This is a great honor which I deeply appreciate though I approach the office with a feeling of inadequacy to fill Dr. Cullen's place. Nevertheless, it is a welcome opportunity . . . For us all to make it another banner year will be a well deserved tribute to Dr. Cullen."

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NEGRO HEALTH WEEK

Communities throughout the country will mark the 32nd annual observance of National Negro Health Week March 31 - April 7. Sponsored by the U. S. Public Health Service and supported by numerous health and civic organizations, the slogan for 1946 is "A Healthy Home in a Healthy Community."

REHAB COURSE SET FOR OHIO STATE U.

A three-week orientation course for new and prospective rehabilitation personnel will be held by the National Tuberculosis Association at Ohio State University, Columbus, in September.

The course, formerly held at the National Office, will be conducted jointly by the NTA's rehabilitation staff and members of the university faculty and, together with the subsequent apprenticeship period of four to six months, is designed to provide additional familiarity with the steps necessary in the rehabilitation of the tuberculous.

As in previous sessions, registration will be limited to 15 persons sponsored by tuberculosis associations. Applications on behalf of prospective students should be addressed to the Rehabilitation Service, National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.

Century of Health

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always continuing the education of the public in the meaning of health.

". . . it has been made clear to me that you have made an outstanding contribution in public health. You are the real leaders in the field of public health. You have carried the newer knowledge of this disease to the medical profession throughout the country and you have shared your knowledge with the people so that they should understand the meaning of health. I think this is one of the great contributions of this century, really one of the most historical contributions of our time."

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Christmas Seals have purchased 12 mobile X-ray units in Ohio and have financed the taking of over 400,000 X-rays in mass surveys over the past five years. — *Ohio Public Health*

PEORIA COUNTY SPONSORS HOSPITAL X-RAY PROGRAM

A mass radiography program, initiated by St. Francis Hospital, Peoria, Ill., last November and cosponsored by the Peoria County Tuberculosis Association, the Peoria Municipal Tuberculosis Sanitarium, the County Tuberculosis Sanitarium District and the hospital, is proving an outstanding example of community tuberculosis control, according to a release from the Tuberculosis Control Division, U. S. Public Health Service.

The 500-bed Catholic hospital, which admits about 14,000 patients yearly, X-rays every patient as a routine procedure on admission. The service is free, cost of supplies, interpretation of films and technician's salary being borne by the sponsors of the project. The 35 mm photofluorographic unit used was purchased by the tuberculosis association.

Patients diagnosed as tuberculous are transferred to the Municipal Sanitarium in Peoria. Cases of suspected tuberculosis are reported to the Municipal Chest Clinic adjoining the hospital and follow-up of such patients is provided by this clinic. All reports of diagnosed or suspected tuberculosis go to the Municipal Chest Clinic and from there are transferred to the health department.

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OHIO CONDUCTING SURVEY IN STATE MENTAL HOSPITALS

An X-ray survey, conducted by the Ohio Health Department to determine the extent of tuberculosis among patients and personnel of state mental institutions, is now in progress, according to *Ohio Public Health*, organ of the Ohio Public Health Association.

The survey, states the publication, is the first of its kind to be attempted in state welfare institutions and calls for the examination of approximately 28,500 patients and 2,800 employees. Equipment for the survey is provided by the U. S. Public Health Service.

NEW YORK STATE OFFERS TB TRAINING TO DOCTORS

A three to twelve-months course of instruction in pulmonary diseases and tuberculosis is being offered by the Division of Tuberculosis, New York State Department of Health, to qualified physicians desiring special instruction in this field.

While intended primarily for medical officers returning from service with the Armed Forces, other citizens of the United States, who have graduated from approved medical schools may apply.

Candidates accepted for the course will act as residents on the staffs of New York State Department of Health Tuberculosis Hospitals. The hospitals selected are: Hermann M. Biggs Memorial Hospital, Ithaca; Homer Folks Tuberculosis Hospital, Oneonta; Mount Morris Tuberculosis Hospital, Mount Morris, and New York State Hospital, Ray Brook.

Sponsored by the Council Committee on Public Health and Education of the Medical Society of the State of New York, the course is endorsed by Albany Medical College, University of Buffalo School of Medicine, University of Rochester School of Medicine and Dentistry, Syracuse University College of Medicine and the United States Public Health Service.

Inquiries and applications should be addressed to Robert E. Plunkett, M.D., General Superintendent of Tuberculosis Hospitals, New York State Department of Health, Alfred E. Smith State Office Building, Albany 1, N. Y.

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PHILIPPINES GET X-RAY

A photofluorographic chest X-ray unit has been loaned to the Quarantine Station in the Philippines by the Tuberculosis Control Division of the U. S. Public Health Service. The unit will be used for the screening of Philippine farm laborers prior to their migration to the Hawaiian Islands, according to the USPHS.

NTA-VA HOLDS SECOND REHABILITATION SEMINAR

The second in a series of five regional seminars on the rehabilitation of tuberculous veterans, sponsored by the Veterans Administration and the National Tuberculosis Association and assisted by state and local tuberculosis associations, was held March 25-April 6 at Tupper Lake Veterans Administration Hospital.

The course, intended to orientate VA personnel in rehabilitation work, was attended by physicians, social workers, occupational therapists, vocational counsellors and training officers from VA hospitals at Castle Point, N. Y., Tupper Lake, N. Y., Rutland Heights, Mass., Aspenwall, Pa., and Dayton, Ohio.

The first seminar, held at Oteen, N. C., January 28-February 13, was attended by more than 70 persons from VA tuberculosis hospitals at Oteen, Columbia, S. C., Alexandria, La., and Outwood, Ky.

Three other seminars will be held during 1946. They are scheduled for Tucson, Ariz., Los Angeles, Calif., and Wood, Wis.

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SANTA CLARA ASSN. TO AID HOSPITAL X-RAY PROGRAM

Early delivery of miniature X-ray equipment for use in the county's general hospitals and clinics will place the Santa Clara (Calif.) Tuberculosis Association among the first in the state to make provision for the X-raying of all hospital and clinic admissions.

According to *News Letter*, publication of the California Tuberculosis and Health Association, the unit will first be set up in the Santa Clara County Hospital at San Jose for a minimum period of one year.

The association will provide for the taking and interpreting of all chest X-rays and will supply the necessary record cards. A duplicate set of records will be kept for the association's files.

SECRETARIES ORGANIZE N. C. STATE CONFERENCE

Executive secretaries of tuberculosis associations from North Carolina met in Raleigh on Feb. 15 for the purpose of organizing the North Carolina Conference of Tuberculosis Secretaries and to discuss plans for tuberculosis work during the coming year.

Mrs. C. O. DeLaney, executive secretary of the Forsyth County Tuberculosis Association, was elected president of the conference.

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STATE-WIDE PROGRAM SET BY ILLINOIS HEALTH DEPT.

Four General Electric mobile X-ray units, each with a daily capacity of 200-300 pictures, have been purchased by the Illinois Department of Health for use in free X-ray service to the state's adult population, according to a recent announcement. The service will be made available to industries, institutions and counties on request from local health departments.

The new X-ray program, among the first in the nation providing for periodic re-examination, was launched at Springfield on Jan. 10 with a survey of all state employees and their families in the capital city. Governor Dwight Green was the first to be X-rayed.

School Health Program

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actually conduct projects in the schools but rather helps the schools in their health projects. This is another instance of the voluntary agency's trying to assist the official department by providing those services which are needed and desired. Other services might well be offered, such as in-service courses for teachers, provision of more health books for school libraries and the offering of special materials for the veterans' courses. The program is far from perfect, but it is continually changing to meet the needs and resources in the community.

COL. LONG AWARDED LEGION OF MERIT

Col. Esmond R. Long, director of The Henry Phipps Institute, University of Pennsylvania, receives the Legion of Merit from Maj. Gen. Norman T. Kirk, Surgeon General of the Army, for the distinguished service he rendered as Chief Consultant on Tuberculosis, from July 1942 to August 1945. The citation reads in part: "His initiation and development of standards and measures for the detection of tuberculosis and of priceless permanent files of chest X-ray films of Army personnel were of outstanding and lasting significance to the public health program of the country."

9 PUBLIC HEALTH SCHOOLS ACCREDITED BY THE APHA

Nine American and Canadian colleges have been accredited by the American Public Health Association to give the degree of Master of Public Health (Diploma of Public Health in Canada) for the academic year 1946-47.

Released by the executive board of the association, on recommendation of the Committee on Professional Education, the following list includes only those institutions from which applications were received as of Jan. 25. Additional applications will be acted on at a later date, the association announced.

The accredited colleges are: Columbia University School of Public Health, Harvard University School of Public Health, The Johns Hopkins School of Hygiene and Public Health, University of California School of Public Health, University of Michigan School of Public Health, University of Minnesota School of Public Health, University of North Carolina School of Public Health, University of Toronto (Canada) School of Hygiene, and Yale University School of Medicine, Department of Public Health.

BOOKS

Manual of Clinical Mycology—Prepared under the Auspices of the Division of Medical Sciences of the National Research Council.

Published by W. B. Saunders Company, Philadelphia, Pa., 1945; 348 pages with 148 illustrations. Price, if purchased through THE BULLETIN, $3.50.

This manual, prepared under the auspices of the Division of Medical Sciences of the National Research Council, was developed for medical officers serving in the tropics. In view of the ubiquity of fungous diseases, it should be welcomed by physicians everywhere. The known facts about fungous diseases are presented.

The section on histoplasmosis was obviously written before the recent discovery that sensitivity to histoplasmin is widespread and is correlated with pulmonary calcification.

Like all of the manuals prepared under the same auspices, this is a very valuable handbook. It should do much to clear up the confusion surrounding fungous diseases.—EFJ

Pulmonary Tuberculosis, by R. Y. Keers, M.D., and B. G. Rigden, M.D.

Published by The Williams and Wilkins Company, Baltimore, Md. 1945; 276 pages, index, ills. Price, if purchased through THE BULLETIN, $5.00.

The subtitle of this volume—A Handbook for Students and Practitioners—is an accurate description. The authors have accomplished the difficult task of condensing a wealth of information about pulmonary tuberculosis and its treatment into small compass without sacrificing readability. They have regarded pulmonary tuberculosis as a generalized disease which has become localized in the lung. The illustrations are exceptionally good. While the emphasis in this English text differs somewhat from the current opinion in the United States, there is much to commend it to medical men everywhere.—EFJ

BOOKS

Voluntary Health Agencies—An Interpretive Study, by Selskar M. Gunn and Philip S. Platt.

Published by the Ronald Press Company, New York, N. Y., 1945; 364 pages, appendices and index. Price, if purchased through THE BULLETIN, $3.00.

"Voluntary Health Agencies" is intended to be a three-year study of voluntary health agencies, and is assumed by the authors to prove the need and wisdom of unifying our many voluntary health agencies. Unfortunately, little of the "study" appears in the book. On the other hand, one feels that the book was written with the preconceived opinion that agencies must be unified. At any rate it comes inexorably to this conclusion in spite of much evidence to the contrary, and in spite of wide opinion to the contrary in the health agencies themselves.

However, this is a good book. If it is widely read in the voluntary health agencies with a view toward improving upon multiple organizational details, it should do much good. But if it is widely assumed that the mere adoption of a "master plan," a "new deal," will in itself correct essentially human problems, it could do a lot of harm. Everybody in health work should know by now that there are no panaceas, particularly in public relations, public health education and fund-raising.

This book apparently intends to be somewhat of an indictment of voluntary health agencies. But, as everything depends upon the point of view, the agencies themselves can find in it a most eloquent defense. Indeed, pages 36 through the middle of page 42 should be widely reprinted and circulated by voluntary health agencies to promote public understanding and support.

This book, as an indictment, is difficult to answer because it gives most of the answers. That is to say, it gives most of the objections which occur to one. Furthermore, it admits the many imponderables, and avoids strict comparisons. Yet this seeming open-mindedness makes it all the more persuasive and dangerous to the naive and unwary, who may be convinced that it arrives fairly at its apparently preconceived conclusion. Actually the fundamental arguments are more begged than proven.

For example, it is maintained that the public is growing very discontented with multiple agencies. This view, in the face of the recent rapid growth of multiple agencies in terms of increased public support, cannot be substantiated. In fact, the book states inconsistently elsewhere that agencies which can no longer interest the public will die.

Again, it is maintained that unification will automatically abolish many problems which, as anyone may observe, are found in unified official health departments and unified corporations. Human perfection is something to be aimed at but not attained.

It is maintained that "it is out of the question to expect the public in a single state or a single city to support half a dozen, ten or fifteen special organizations." Yet the public does support that many, and often more.

The study further insists, without presenting evidence, that a single unified agency for collecting funds would be able to collect more than multiple agencies working separately. That is, "The present purchaser of a dollar's worth of Christmas Seals might feel impelled to give $5.00 to attack a whole group of health hazards. . . ." This is contrary to merchandising experience, which finds it easier to get fifteen dollars, a dollar down and a dollar a week, than five dollars in a lump. Furthermore, the book has already stated that a specific idea such as a crippled child has more appeal than a generic health idea—which of course is obvious. With fund-raising an uncertain matter at best, and still the essential problem, amateur experimentation on theoretical bases is dangerous.

A notable oversight of the book was the failure to mention those agencies which had joined the Community Chest in good faith, and later withdrawn for good reasons.

Another notable oversight was the failure to mention that Community Chests often lack highly developed public appeals. This results in raising funds by pressure, such as the boss and a Chest representative approaching workers on the job and asking how much they will give. This sort of thing makes no friends, and kills the charitable impulse. Contrast complaints about this sort of fund-raising with enthusiastic letters received by agencies with educational approaches.

The claim is made that with many different agencies the giver is confused and unaware of how his gift will be used. But burying specific appeals in the anonymity of a unified campaign further obscures the ultimate use. It is certainly absurd to suppose that unification will give citizens "a real grasp of what these organizations are and what they are doing." The book itself gives a revealing example of a Chest-supported nursing association, highly regarded and in existence for 21 years, which an opinion poll found to be known to only 26 per cent of the residents of the city in which it functioned. Community Chests themselves are frequently mistaken for general relief organizations by the public.

It is stated, quite unnecessarily, that prevailing methods are not accomplishing "the organization of the public for united efforts, for the creation of a public sentiment and for the education of the people. . . ." Do the authors infer that they, after these centuries of abortive efforts in those directions, have found the answers? It might be well to remember the shortcomings of even a medical education — as concerns tuberculosis, for example.

The book laments the "competition" by health agencies for public interest and support. In other fields

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we accord great respect to this same competition. And this competition puts some kind of health awareness before the public the year around, which neither the press nor the public would tolerate of a single agency.

It is also lamented that funds are not raised in proportion to relative importance of diseases, nor diseases attacked according to relative importance. This is almost equally true of our unified official health departments. We are all dependent upon public reactions. And as for lamenting that some agencies collect too much, in comparison with others, no agency collects too much until its specific disease problem is solved—as none is. Until that ideal is reached, no effort is too great. Note, for example, the great public health stress on vaccination, even though smallpox is now a most minor threat — but not a threat which cannot grow again.

Rather than comparing the collections of the various agencies, a more apt contrast would be the pittance of even the total collections of all agencies as compared to the seven billion dollars spent annually for alcoholic beverages. Most unfortunate was the repeated inference that tuberculosis associations are rolling in wealth and have little use for it. Overlooked was the fact that tuberculosis still kills more than all other infectious and parasitic diseases combined.

The higher cost (assumed) of making separate collections is also stressed. Our first problem is still to promote health education and awareness, which separate appeals do better than lump-sum collection. Even if the cost of collecting equalled the collection, the educational value might still make it worth while. We might well compare the endless campaigns of ununified agencies with the advertising methods of industry, keeping the articles to be "sold" continually before the public—and worth the expense. Multiple agencies also allow for varied "merchandising" approaches.

The reproach is made that voluntary agencies are often poorly informed of each other's activities. In this complex world it would be difficult to find a group where that did not apply. In the unified health department itself, the bureaus usually know little about each other.

The book is further constructed on many naive statements that are, at best, fitting subjects for high school debates. For example: "The health of a community is, after all, not a group of special interests. It is essentially a single interest with different aspects." And: "The time has passed when a community health program designed to do things for workers will fill present-day needs. . . . Nor is it necessary or desirable to . . . do things to workers. . . . The time has come to do things with workers. . . ." Getting things done is still a realistic matter of expediency, with little space for purely rhetorical tricks of getting rabbits out of empty hats.

One of the most curious results of this study is that the successful agencies get the criticism for being successful, while the failures are championed. Of course one can see, all too plainly, why the failures would like to "split the total." However, it might be more practical for the failures to study the reasons why some agencies are successful. The fact that most agencies object to unification is summarily ascribed to various varieties of selfishness.

The book writes its own logical conclusion:

"Practically and realistically considered, unification seems so fraught with uncertainties, unknowns and difficulties that the boards of national associations are not likely to take any steps whatever."

With that we can agree unreservedly.—Daniel Josselyn

PEOPLE

Dr. Leo Gehrig of the Tuberculosis Control Division, U. S. Public Health Service, has been assigned to the tuberculosis control program of the Territorial Health Department in Alaska.

James Turner is the new rehabilitation director of the Rutland State Sanatorium, Rutland, Mass.

Dr. Leroy Young of the Tuberculosis Control Division of the U. S. Public Health Service has been assigned to tuberculosis control work in the Philippine Islands.

Mrs. F. Belle Johnson is the new executive secretary of the Lewis County (Wash.) Tuberculosis League. Mrs. Johnson succeeds Mrs. Dorothy Q. Rickard.

Dr. A. Louis Gramsch, acting superintendent of Bergen Pines, Ridgewood, N. J., died Feb. 2. Dr. Gramsch had served as chief physician of New Jersey Sanatorium for Tuberculous Diseases at Glen Gardner, and as superintendent of a sanatorium at Southern Pines, N. C.

Mrs. Alma T. Richardson, formerly rehabilitation director of the Durham County (N. C.) Tuberculosis Association, has joined the North Carolina Division of Vocational Rehabilitation as rehabilitation counsellor.

William L. Agress, formerly an administrative assistant with the New York State Department of Health, has joined the staff of the Brooklyn (N. Y.) Tuberculosis and Health Association as assistant director of the industrial health service.

PEOPLE

William B. Matthews has been elected assistant executive secretary of the Maryland Tuberculosis Association.

Miss Nellie Clayton will join the staff of the Forsyth County (N. C.) Tuberculosis Association in May as rehabilitation worker. Miss Lucy Nash and Miss Mary E. Carter have succeeded Mrs. Mary E. Buzhardt and Mrs. Marjorie M. Oliver as executive secretaries of the New Hanover and Alamance County (N. C.) associations, respectively.

Mrs. S. M. Udden is the newly elected president of the Nueces County (Texas) Tuberculosis Association. The association has also announced that Miss Edna Herbert will succeed Miss Elsie Wolle as nurse at the tuberculosis clinic.

Miss Byrdeen Lees, M.S., has been appointed social worker on the staff of the Bronx (N. Y.) Tuberculosis and Health Committee. Prior to her appointment, Miss Lees served as general field representative of the American Red Cross for Michigan.

Mrs. Faye Dillon, recently released from service with the Women's Army Corps, has joined the staff of the West Virginia Tuberculosis and Health Association as a field worker.

Dr. C. M. Sharp, regional director, U. S. Public Health Service, New Orleans, La., has been appointed director of tuberculosis control, Florida State Board of Health. Dr. E. J. Teagarden, formerly state director, is now with the Pinellas County (Fla.) Health Department as tuberculosis clinician.

Mrs. Isabel M. Gonzales has joined the staff of the Denver (Colo.) Tuberculosis Society as Spanish health education worker. Mrs. Gonzales is a graduate of the New Mexico College of Agriculture and Mechanical Arts and has had wide experience in social and health work with various U. S. Government agencies in New Mexico and Colorado.

Edward P. Chester, for the past 15 years director of the Connecticut Division of Vocational Rehabilitation, has been appointed assistant administrator of the Retraining and Reemployment Administration, operating under the federal Department of Labor.

The April Review

The American Review of Tuberculosis for April carries the following articles:

Standardization of Photofluorographic Equipment, by Russell H. Morgan, and Willard W. Van Allen.

Apical Localization of Phthisis, by William Dock.

Pulmonary Function Tests, by George G. Ornstein, Myron Herman, Marcella W. Friedman, and Ernest Friedlander.

Surgery in the Tuberculous Patient with Amyloidosis, by Oscar Auerbach, and Marguerite G. Stemmermann.

Hycodan, by Paul Stein, and Paul Lowy.

Depth Growth of Acid-fast Bacilli in Liquid Media. I. Technique, by W. F. Drea.

Depth Growth of Acid-fast Bacilli in Liquid Media. II. Study of Various Technical and Theoretical Aspects, by W. F. Drea.

Diaminodiphenylsulfone Derivatives, by Fritz T. Callomon, and George W. Raiziss.

Effect of Human Gastric Juice on Tubercle Bacilli, by C. H. Kramer.

Anatomical Studies on Human Tuberculosis. XXII. Primary Foci without Lymph Node Changes. Additional Observations, by Kornel Terplan.

Preliminary Program. Joint Annual Meetings — National Tuberculosis Association, American Trudeau Society, National Conference of Tuberculosis Secretaries.